| // | 1 19/05 | (Column 1). | | (Co 2)_ | (Calumn 3) |
|------------|---|---------------------------------|-------|---------------------------------|------------------|
| STO | | CLAINS REMARING AFTER AMENOMENT | | MUMBER PREVIOUSLY 927 FOR | PRESENT EXTRA |
| AMENDMENTC | Total | .73 | Minus | .33 | - / |
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| | PIRST PRESENTATION OF MULTIPLE DE PENDENT CLAIM | | | | |

FIRST PRESENTATION OF MULTIPLE DE "ENDENT CLASS

X\$18-XS 9-OA X84= X42-OR **€280**= +140= OR * If the entry is column 1 to tess than the entry in column 2, which "of is column 3.

"If the "Highest Number Previously Paid For" In Third SPACE is less than 20, enter "3."

The "Highest Number Previously Paid For" In Third SPACE is tess than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent State In the highest number found in the appropriate box in column 1. TOTAL ADDIT REE

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FORM PTO-675 (PM: MOI)

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